## Canyon County Sheriff's Office Caldwell, Idaho General Report of Identity Theft/Fraud For Crimes Originating out of Canyon County Jurisdiction

	For Sherif	f's Office Use	Only			
Report D	ate:	Case #:				
Crime:						
UCR cod	e Incident	Action	Area			
		1				

□ Victim										
Name (Last, First, Middle)	AKA / Nickname	DOB	Age	Race	Sex	Н		W	Hair	Eyes
Residence Address	I			OLN State			Relationship Type			
Business Address / School		Cell Phone	SSN	SSN			Victim Type			
Occupation		Business Phone		Property Loss/Amount			Loss Type			
□ Suspect								J.		THE STATE OF
Name (Last, First, Middle)	AKA / Nickname	DOB	Age	Race	Sex	Н		W	Hair	Eyes
Residence Address		Residence Phone	OLN State			1	Relatio	nship Ty	pe	ALLE BO
Business Address / School				SSN			Victim Type			
Occupation		Business Phone	ess Phone Property Loss/Amount		mount		Loss Type			
			T N							The Name
What names and account number	s were used t	to open the	Fraud	ulent A	ccount	:				
				-				-	22	
				11777	11111					Tel time of
What Credit Card companies or l	enders were	used to set t	пр асс	ounts us	sing yo	u p	CI SOI	141 IIII	UI IIIAU	J11•
								-		
Date of Identity Theft/Fraud:		.11-		-			16			
Гуре of Identity Theft/Fraud:										
☐ Credit Cards			☐ Securities or Other Investments							
☐ Checking or Savings	Accounts		☐ Internet or E-Mail							
□ Loans			☐ Government Documents or Benefits							
☐ Phone or Utilities			□ Other							
Did suspect use the Internet to open	the account or	purchase the	e goods	or serv	ices?	∃Y€	es 🗆	No No	□ Don'	't Know
Did you authorize anyone to use you for other purposes?   Yes No		sonal inform	ation t	o obtain	the mo	ney	, cred	lit, loa	ns, good	ls, services,
Did you receive any benefit, money,	goods, or serv	ices as a resu	lt of th	e events	describ	ed?		Yes [	□ No	
Have you been or one you are at	a to be usingly	umand on and	dited L	W OPEN C	omnor		none	on os	o woovil4	of the over
Have you been, or are you expectin described? ☐ Yes ☐ No If "yes			anea f	y any c	ompan	y or	pers	on as	a result	of the ever

## THIS REPORT IS NOT VALID UNTIL SIGNED IN SIGNATURE BLOCK

Please gi	y of Complaint: (To be ive us information al nt use occurred, who	bout the identity the	eft, including, but n	ot limited to, how hat actions you ha	w and when the theft o ave taken since the theft
	Valle, Valle				
-					
16					
-					
misdem false or	eanor in violation of I	DAHO CODE 18-54 claim, it is a felony,	113. If this report is fa	alse and used in co	government agencies is a onjunction with making a punishable by up to 15
By my all infor	signature in this bloc mation I have provid in this case.	ck I certify that I have			ent and I also certify that it I will prosecute and/or
When yo	u have completed this	form please mail it to	:		
ATTN.: 1115 Alb		ice			
If you ha	ve questions please ca	ll Sheriff's Records M	Ionday – Friday 8am		3
DO	Processed by:			Badge #	Date:
NOT USE	Route Copy to:	□ File □ Other_			Informational Close Inactive